

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 37

Primary Registration District No. 4044

Registrar's No. 11

FILED FEB 27 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Sturgeon

Length of stay in 1b

4 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Residence

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY Boone

c. CITY

OR TOWN

Sturgeon

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

Rte 1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Elmer

Middle

Tera

Last

Byram

4. DATE OF DEATH

Month

Feb

Day

7

Year

1962

5. SEX

Male

Caucasian

6. COLOR OR RACE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6/3/1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

8 Months 4 Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming-State High Dept

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Boone County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Hayden Byram

13b. MOTHER'S MAIDEN NAME

Mary Keyton

14. NAME OF HUSBAND OR WIFE

Cassie Sims Byram

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Cassie S. Byram, Sturgeon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Sepsis and Bronchopneumonia

Purulent Bronchitis and Bronchiectasis

Malignant Bronchial Adenoma

INTERVAL BETWEEN ONSET AND DEATH

2 days

3 months

one year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 23, 1962 to Feb 7, 1962 and last saw him alive on Feb 7, 1962

Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Henry J. Stewart D.O.

Sturgeon, Mo

2/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Feb. 9, 1962

Mt. Horeb Cemetery

Sturgeon, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bee Co. Meador Sturgeon, Missouri Feb. 19-1962

Maud M. Bride

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Sturgeon, Minn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.